lasts more than 3 months. Incorrect lasts more than 6 months. Correct lasts more than 9 months. lasts more than 12 months.

Explanation:

According to the International Pelvic Pain Society, chronic pelvic pain refers to pain that lasts more than 6 months without response to treatment.

Question:

In female patients with dyspareunia, superficial pain is most likely related to all of the following except:

- local inflammation
- atrophic vaginitis
- pressure on a normal ovary
- inadequate lubrication

Explanation:

In females, dyspareunia, or painful intercourse, can occur at the vaginal opening, occurring at the start of intercourse, or when the partner is pushing deeper. It is important to differentiate the pain to determine the etiology. Superficial pain suggests local inflammation, atrophic vaginitis, or inadequate lubrication. Deeper pain may be from pelvic disorders or pressure on a normal ovary.

Question:

If urethritis or inflammation of the paraurethral glands is suspected in a female patient, the index finger should be inserted into the vagina and:

- milk the urethra gently from the outside inward
- milk the urethra gently from the inside outward
- massage the urethral meatus with the other hand
- massage the pelvic floor muscles in a clockwise fashion

Explanation:

If urethritis or inflammation of the paraurethral glands is suspected, the examiner should insert the index finger into the vagina and milk the urethra gently from inside outward. Note any discharge from or about the urethral meatus. If present, it should be cultured.

Question:
sliding the speculum along the posterior wall of the vagina. Incorrectrotating and adjusting the speculum until it cups the cervix. gently tightening the thumb screw on the speculum. Correctrotating the speculum into a horizontal position while maintaining pressure posteriorly.

Explanation:

To maintain the open position of the speculum, tighten the thumb screw after the speculum is in place. The other procedures are related to inserting the speculum not to maintaining an open position.

Question:

A female patient presents with a white and curd-like thin vaginal discharge. This discharge is most consistent with:

candidal vaginitis. Correctbacterial vaginosis IncorrectTrichomonal vaginitis. gonorrhea.

Explanation:

Candidal vaginitis produces a white and curd-like, thin discharge that is rarely malodorous. Trichomonas vaginalis causes trichomonal vaginitis. Presenting symptoms include a profuse, yellowish, green vaginal discharge that is malodorous. With bacterial vaginosis, the discharge can be gray or white, thin, malodorous (fishy), and not usually profuse. The discharge associated with gonorrhea is usually thick and bloody.

Question:

Upon examination of the vagina, a bulge is noted in the lower posterior wall of the vagina. This finding is most consistent with a:

cystocele. cystourethrocele. Incorrectrectocele. Correctbartholin's gland infection.

Explanation:

A rectocele is a herniation of the rectum into the posterior wall of the vagina, resulting from a weakness or defect in the endopelvic fascia. A cystocele is a bulge of the upper two-thirds of the anterior vaginal wall and the bladder above it. It results from weakened supporting tissues. When the entire anterior vaginal wall, together with the bladder and urethra, is involved in the bulge, a cystourethrocele is
Explanation:

Uterine prolapse occurs in progressive stages. The uterus becomes retroverted and descends down the vaginal canal to the exterior. In first-degree prolapse, the cervix is still well within the vagina. In second-degree prolapse, it is at the introitus. In third-degree prolapse (procidentia), the cervix and vagina are outside the introitus.

Question:

A woman complains of abnormally heavy and prolonged menstrual periods that occur at regular intervals. This condition is most likely:

oligomenorrhea.polymenorrhea.metrorrhagia.menorrhagia. Correct

Explanation:

Menorrhagia refers to excessive or prolonged menstrual flow occurring at regular intervals. Polymenorrhea occurs when there are fewer than 21-day intervals between menses. Oligomenorrhea is infrequent bleeding with menses occurring greater than 35-day intervals, or 4-9 menstrual cycles per year. Metrorrhagia refers to intermenstrual bleeding.

Question:

In a female diagnosed with a second-degree uterine prolapse, the cervix:

is located in its normal position. has slipped but is well within the vagina.is located in the introitus. Correct and vagina are outside the introitus.

Explanation:

Uterine prolapse occurs in progressive stages. The uterus becomes retroverted and descends down the vaginal canal to the exterior. In first-degree prolapse, the cervix is still well within the vagina. In second-degree prolapse, it is at the introitus. In third-degree prolapse (procidentia), the cervix and vagina are outside the introitus.

Question:

A woman complains of experiencing frequent menses with intervals of fewer than 21 days. This condition is termed:
When examining the cervix, a translucent nodule is noted on the cervical surface. This finding is consistent with:

- a retention cyst.
- Correct an epidermoid cyst.
- Syphilitic chancre.
- a cervical polyp.

Explanation:

A retention cyst appears as a translucent nodule on the cervical surface. A small, firm, round cystic nodule in the labia suggests an epidermoid cyst. A syphilitic chancre appears as a firm, painless ulcer and suggests the chancre of primary syphilis. A cervical polyp usually arises from the endocervical canal, becoming visible when it protrudes through the cervical os. It is bright red, soft, and fragile.

Question:

To palpate the left ovary when performing the bimanual vaginal exam, the abdominal hand should be on the left lower quadrant and the pelvic hand needs to be:

- in the left lateral fornix.
- Correct in the right lateral fornix.
- Exerting pressure primarily posteriorly.
- Elevating the cervix and uterus simultaneously.

Explanation:

To palpate the left ovary during the bimanual vaginal examination, the examiner places the abdominal hand on the left lower quadrant, and the pelvic hand in the left lateral fornix. The abdominal hand is pressed in and down, trying to push the adnexal structures toward the pelvic hand. This allows the examiner to identify the left ovary or any adjacent adnexal masses.

Question:

When performing a vaginal exam with a speculum, the use of the lower blade as a retractor during bearing down could expose an anterior wall defect such as a:

- Rectocele.
- Cystocele.
- Correct Bartholin gland infection.
- Prolapse of the urethral mucosa.

Explanation: